

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/29/2011

FORM APPROVED

OMB NO. 0938-0391

| | | | | | | | |
|--|--|---|--|---|--|---|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155630 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/16/2011 | |
| NAME OF PROVIDER OR SUPPLIER FLATROCK RIVER LODGE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 904 EAST 11TH STREET RUSHVILLE, IN46173 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F0000 | <p>This visit was a Post Survey Revisit (PSR) to the Recertification and State Licensure survey completed on 6/24/11.</p> <p>This visit was in conjunction with the investigation of complaint number IN00094640.</p> <p>Survey dates: August 15 and 16, 2011</p> <p>Facility number: 001126 Provider number: 155630 Aim number: 200011300</p> <p>Survey team: Sharon Lasher RN, TC Angel Tomlinson RN (August 15, 2011) Leslie Parrett RN (August 15, 2011) Cheryl Fielden RN (August 15, 2011)</p> <p>Census bed type: SNF/NF: 53 Residential: 12 Total: 65</p> <p>Census payor type: Medicare: 7 Medicaid: 33 Residential: 12 Other: 13</p> | | | F0000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | Total: 65 Sample: 8 Flatrock River Lodge was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the PSR to the recertification and state licensure survey. Quality review completed 8/18/11 Cathy Emswiller RN | | | | | | |